EUTF Enrollment/Change Form for Retirees

1. Social Security No.	2. Retiree's Name (Last, First, M.I.)	3. Date of Birth Month / Day / Year ____/____/____

4. Sex ☐ Male ☐ Female	5. Marital Status ☐ Married ☐ Single	6. Retirement Date Month / Day / Year _____/____/____

7. Street Address			
7a. City	7b. State	7c. Zip code	8. Phone Number

9. Plan Selections, Changes or Cancellations First, decide the coverage you want, "Self" or "Family." Please make your selection by checking the blocks for appropriate benefit plans below. The medical and prescription drug plans are available as a bundle. You cannot enroll in any one of them individually. Codes for the Action column are: A – Add, C – Change Information, D- Delete Coverage, W – Waive Coverage

Medical, Drug (choose one)	Self	Family	Action
HMSA PPO Medical and Drug	☐	☐	_____
Kaiser Medical and Drug	☐	☐	_____
HDS Dental	☐	☐	_____
VSP Vision	☐	☐	_____

10. If you made a "Family" coverage selection in Section 9, list all dependents to be covered, including your Spouse, Domestic Partner, Children or Students. If you are adding a Domestic Partner (DP), please refer to the instructions. If you are enrolling a domestic partner's child, please circle both the Child and DP relationship. Codes for the Action column are: A – Add, C – Change Information, D – Delete Coverage

First Name, M.I., Last Name (if different from employee)	Date of Birth (MM/DD/YY)	Social Security Number	Relationship (Circle One)	Gender (Circle One)	Action
			Spouse	M F	
			DP	M F	
			Child DP Disabled	M F	
			Child DP Disabled	M F	
			Child DP Disabled	M F	
			Child DP Disabled	M F	
			Child DP Disabled	M F	
			Child DP Disabled	M F	
			Child DP Disabled	M F	
			Child DP Disabled	M F	

11. Certification: I certify that the information provided in this application is true and complete. I agree to abide by the terms and conditions of the benefit plans I selected. I affirm that any listed dependent child, aged 19 through 23, is attending a college, university or technical school as a full-time student.

Signature _____ Date_____

EUTF Enrollment/Change Form for Retirees Instructions

This Enrollment/Change Form for Retirees (EC-2) will be used to enroll new employees or to make changes as allowed by law or the EUTF rules. Prior to the open enrollment period, the EUTF will send to each employee a pre-completed copy of the EC-2. Make any changes on the form, sign it and turn it in to the EUTF. Each employee should keep a copy of the signed form that reflects their open enrollment choices.

For new retirees or those completing a blank application form:

Items 1 – 8: Please complete as applicable.

Item 9: You have enrollment choices in three categories: Medical (includes Prescription Drug), Dental and Vision. In each category you may only select one option. For each option you select, you may choose coverage for yourself only or for your family. When you choose a medical plan, you are also enrolled in the prescription drug plan. If you choose not to enroll in the medical plan, you will also be ineligible for the prescription drug plan. You must select your dental and vision plans individually. These plans are not bundled with the medical plan.

Item 10. Please list all of your dependents and provide the information requested. If you are listing a child aged 19 through 23, they must be attending an accredited college, university or technical school as a full-time student.

If you are enrolling a child incapable of self-support due to mental or physical incapacity that existed prior to age 19, please circle “Disabled.”

If you are enrolling a domestic partner, you must submit an affidavit declaring your domestic partnership. Please request the affidavit from the EUTF or obtain one from the EUTF website, www.eutf.hawaii.gov.

Note: You are automatically enrolled in the EUTF’s life insurance plan. The employer pays premiums in full. If you wish not to have the life insurance coverage, please call the EUTF at 808-586-7390 and request a form to waive coverage.

Item 11: You must sign and date this form before you turn it in to the EUTF. Be sure to note that your signature represents certain affirmations about the accuracy of the information and the members of your family whom you are listing as dependents.